

PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011
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1.0	PHA Information PHA Name: Boca Raton Housing Authority PHA Type: <input checked="" type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): 1/2011 PHA Code: <u>FL119</u>					
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>95</u> Number of HCV units: <u>620</u> ACC #A-3614 ACC #FL119VO0095, FL119VO0092					
3.0	Submission Type <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only					
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)					
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program	
	PHA 1:				PH	HCV
	PHA 2:					
	PHA 3:					
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.					
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:					
5.2	Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.					
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: The Housing Authority has adopted a local preference for housing homeless families for its public housing program (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. <i>Public may obtain copies of the 5-Year and Annual PHA Plan, along with all elements, at the Main Administrative Office of the PHA, located at 2333A W. Glades Road, Boca Raton, FL 33431</i>					
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. Include statements related to these programs as applicable. <i>The Housing Authority administers a Homeownership Program pursuant to Section 8(y) of the U.S. H.A. of 1937. We do not limit the number of participants in this program. However they must follow the guidelines established in the addendum to the Administrative Plan. The Housing Authority has not adopted additional eligibility criteria for participation in its Section 8 Homeownership program in addition to HUD's criteria.</i> c. What actions will the PHA undertake to implement the program this year (list)? <i>The agency will work with all other non-profits within the community. Develop working relationships with banks and real estate agencies to help our clients. Continue to work and partner with the local Workforce agency. Strengthen our PCC to include more local partners to help our clients. The Housing Authority has received a ROSS grant for its public housing units. The ROSS coordinator will also work towards enabling public housing residents to move towards self-sufficiency and participation in programs which will lead them toward homeownership. The PHA has demonstrated its capacity to administer the program by:</i> <ol style="list-style-type: none"> <i>Establishing a minimum homeowner down payment requirement of at least 3% of purchase price and requiring that at least 1% of the purchase price comes from the family's resources</i> <i>Requiring that financing for purchase of a home under its Section 8 homeownership will be provided, insured or guaranteed by the State or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards.</i> <i>Demonstrate other relevant experience</i> <i>The BRHA Executive Director has more than 20 years experience administering affordable housing</i> 					
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.					

8.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing.																																
8.2	Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.																																
8.3	Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.																																
9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p>Based upon information obtained from the Consolidated Plan of the City of Boca Raton and The Palm Beach County Quarterly Housing Report, Fourth Quarter, 2009 there is a shortage of affordable rental units for low-income, very low-income, and extremely low-income families who reside in our jurisdiction.</p> <p>The average rents in East Boca for example are way above the means of what an average family of 4 Low income: \$60,300; very low income: \$37,700 or extremely low income: \$20,600 might be able to afford</p> <table border="1"> <thead> <tr> <th>East Boca Raton</th><th>Unit Type</th><th># of Units Sampled</th><th>Average Monthly Rent</th></tr> </thead> <tbody> <tr> <td></td><td>1 Br</td><td>393</td><td>\$1,106</td></tr> <tr> <td></td><td>2 Br</td><td>508</td><td>\$1,485</td></tr> <tr> <td></td><td>3 Br</td><td>194</td><td>\$2,013</td></tr> </tbody> </table> <p>At the time of the survey the vacancy rate was 2.9% for older apartments, which are the type which generally attract our clients.</p> <p>The Consolidated Plan revealed that elderly families with incomes less than 50% of median income were particularly rent burdened.</p> <table border="1"> <thead> <tr> <th>Central Boca Raton/ West Boca Raton</th><th>Unit Type</th><th># of Units Sampled</th><th>Average Monthly Rent</th></tr> </thead> <tbody> <tr> <td></td><td>1 Br</td><td>1574</td><td>\$974</td></tr> <tr> <td></td><td>2 Br</td><td>2471</td><td>\$1,388</td></tr> <tr> <td></td><td>3 Br</td><td>659</td><td>\$1,671</td></tr> </tbody> </table> <p><i>The Consolidated Plan indicates that 13% of the renters indicated that they have some rental problem like overcrowding. Information from the U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS") dataset. Attachment. A</i></p>	East Boca Raton	Unit Type	# of Units Sampled	Average Monthly Rent		1 Br	393	\$1,106		2 Br	508	\$1,485		3 Br	194	\$2,013	Central Boca Raton/ West Boca Raton	Unit Type	# of Units Sampled	Average Monthly Rent		1 Br	1574	\$974		2 Br	2471	\$1,388		3 Br	659	\$1,671
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9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p> <p>Strategy 1: Maximize the number of afford units available to the PHA within its current resources by:</p> <ul style="list-style-type: none"> • Maximize the rental of all public housing units and minimize turn-over time based on the extent of repairs needed • Maintain or increase Section 8 lease up rates to the extent that the budget allows, <p>Strategy 2: Maximize and leverage Section 8 Funding</p> <ul style="list-style-type: none"> • Maintain or increase Section 8 lease-up rates by keeping payment standards at the most efficient number to allow for maximum rent up • Insure that Family Size and Unit Size are accurately and equitably determined when issuing vouchers • Maintain or increase Section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration • Maintain or increase Section 8 lease-up rates by continuing to effectively screen applicants to increase owner acceptance of the program <p>Strategy 3: Increase the number of affordable housing units by:</p> <ul style="list-style-type: none"> • Applying for additional Section 8 units should they become available <p>Strategy 4: Target available assistance to the homeless</p> <ul style="list-style-type: none"> • Housing Authority has a preference homeless families for the Section 8 program • Housing Authority has added a preference for homeless families to its Public Housing program 																																

10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <ol style="list-style-type: none"> 1. The Housing Authority has already had one Fair Housing Seminar for all staff to insure that all staff members all familiarized with all current rules and regulations. 2. A desk manual for insuring that Fair Housing regulations are enforced is at staff members' desks 3. A desk manual for information on how to best serve persons with disabilities is at all staff person's desks. 4. A Landlord meeting was held. Speakers at the meeting were the Housing Authority's landlord and tenant attorney, an attorney from Florida Rural Legal Aid, a representative from Go Section 8 and Lexis Nexis. The Palm Beach Sheriff's Office was invited but was unable to attend. 5. The Housing Authority has applied for additional Vouchers for Non-Elderly Family with Disabilities, but we did not receive the vouchers. 6. The Housing Authority received a ROSS grant this year and our Coordinator began work at our Public Housing development in June 2010. This expands opportunities to all for homeownership, education and self-sufficiency to the residents. <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" N/A</p>
	<p><i>Substantial deviation/modification:</i></p> <p>BRHA defines a substantial deviation as a change in the mission statement, goals and objectives, or in the CFP 5 year action plan that requires Board approval to implement. There have been no such activities.</p>
11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <ol style="list-style-type: none"> (a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) (b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) (c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) (d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) (e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. (g) Challenged Elements (h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) (i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)

CHAS Data - All Households

Name of Jurisdiction: Boca Raton(CDBG), Florida		Source of Data: CHAS Data Book		Data Current as of: 2000							
Household by Type, Income, & Housing Problem	Elderly 1 & 2 member households	Small Related (2 to 4)	Renters				Owners				
			Large Related (5 or more)	All Other Households	Total Renters	Elderly 1 & 2 member households	Small Related (2 to 4)	Large Related (5 or more)	All Other Households	Total Owners	Total Households
1. Very Low Income(Household Income <=50% MFI)	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(L)
2. Household Income <=30% MFI	477	701	137	994	2,309	1,385	541	75	450	2,451	4,760
3. % with any housing problems	302	351	48	623	1,324	578	266	14	266	1,124	2,448
4. % Cost Burden >50% and other housing problems	62.6	80.3	70.8	59.9	66.3	76	62	100	62.4	69.8	67.9
5. % Cost Burden >30% to <=50% and other housing problems	0	7.1	25	4	4.7	0	0	28.6	0	0.4	2.7
6. % Cost Burden <=30% and other housing problems	2.6	0	8.3	0	0.9	0	0	0	0	0	0.5
7. % Cost Burden >50% only	0	5.7	8.3	0	1.8	0	1.5	0	0	0.4	1.1
8. % Cost Burden >30% to <=50% only	54	62.4	29.2	54.3	55.4	65.2	59	71.4	62.4	63.2	59
9. Household Income >30% to <=50% MFI	6	5.1	0	1.6	3.5	10.7	1.5	0	0	5.9	4.6
10. % with any housing problems	175	350	89	371	985	807	275	61	184	1,327	2,312
11. % Cost Burden >50% and other housing problems	92	92	88.8	98.9	94.3	64.6	89.1	100	95.7	75.6	83.6
12. % Cost Burden >30% to <=50% and other housing problems	0	2.9	4.5	0	1.4	0	0	0	0	0	0.6
13. % Cost Burden <=30% and other housing problems	0	6.6	11.2	2.7	4.4	0	3.6	31.1	0	2.2	3.1
14. % Cost Burden >50% only	0	4	11.2	0	2.4	0	0	0	0	0	1
15. % Cost Burden >30% to <=50% only	72.6	50.6	0	63.1	54.6	31.4	66.5	36.1	76.1	45.1	49.1
16. Household Income >50 to <=80% MFI	19.4	28	61.8	33.2	31.5	33.2	18.9	32.8	19.6	28.3	29.7
17. % with any housing problems	219	479	71	844	1,613	1,344	691	152	482	2,669	4,282
18. % Cost Burden >50% and other housing problems	60.7	59.1	36.6	76.3	67.3	35.9	73.8	88.2	65.4	54	59
19. % Cost Burden >30% to <=50% and other housing problems	0	0	0	0	0	0.3	0	0	0	0.1	0.1
20. % Cost Burden <=30% and other housing problems	0	6.3	5.6	1.2	2.7	0	1.2	36.2	0	2.4	2.5
21. % Cost Burden >50% only	0	12.9	11.3	2.8	5.8	1	1.2	9.9	0	1.4	3.1
22. % Cost Burden >30% to <=50% only	25.1	8.8	0	12.4	12.5	18.8	34.7	22.4	28.2	24.8	20.2
23. Household Income >80% MFI	35.6	31.1	19.7	59.8	46.2	15.8	36.8	19.7	37.1	25.3	33.2
24. % with any housing problems	560	1,241	182	1,863	3,846	6,241	8,778	1,188	2,642	18,849	22,695
25. % Cost Burden >50% and other housing problems	25.7	17	51.6	15	18.9	12.6	19	25.4	20.1	17.5	17.7
26. % Cost Burden >30% to <=50% and other housing problems	0	0	0	0	0.7	0	0.2	0.3	0	0.1	0.2
27. % Cost Burden <=30% and other housing problems	0	8.8	26.9	2.7	5.4	0.6	1.1	6.1	1.3	1.3	2
28. % Cost Burden >50% only	5.4	1.9	0	0.5	1.7	3.1	3.3	3.2	4.5	3.4	3.1
29. % Cost Burden >30% to <=50% only	20.4	6.3	11	11.8	11.2	9	14.5	15.5	14.3	12.7	12.2
30. Total Households	1,256	2,421	390	3,701	7,768	8,970	10,010	1,415	3,574	23,969	31,733
31. % with any housing problems	49.9	45.4	59.7	44.9	46.6	24.9	25.9	36.1	33.3	27.2	32

Definitions:

Any housing problems: cost burden greater than 30% of income and/or overcrowding and/or without complete kitchen or plumbing facilities.

Other housing problems: overcrowding and/or without complete kitchen or plumbing facilities.

ATTACHMENT B

Violence Against Women Act

The Boca Raton Housing Authority strives to fully comply with all requirements of the Violence Against Women Act (VAWA).

First, the Authority will not deny admission to an applicant who has been a victim of domestic violence, dating or stalking. The applicant must comply with all other admission requirements.

Also the Authority will not terminate the assistance of a victim of domestic violence, dating violence, or stalking based solely on an incident or threat of such activity. The Authority still retains the right to terminate assistance for other criminal activity or good cause.

All information provided by an applicant or tenant regarding VAWA will be held in strict confidence and will not be shared with any other parties, unless required by law.

At this time the Housing Authority has not put a victim of domestic violence admissions preference in place. The Executive Director continues to periodically review the need for such a preference and may add an admissions preference for victims of domestic violence if a need is determined.

The Housing Authority's ACOP and administrative Plan are accordingly updated to include all required references to VAWA.

To make sure all applicants are aware of the Violence Against Women Act, the Housing Authority discusses this with the applicants and again at their briefings. At landlord meeting this subject is also discussed and information is disseminated.

**PHA Certifications of Compliance with the PHA Plans and Related Regulations:
Board Resolution to Accompany the PHA 5-Year and Annual PHA Plan**

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the 5-Year and/or x Annual PHA Plan for the PHA fiscal year beginning 2010, hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
8. For PHA Plan that includes a policy for site based waiting lists:
 - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
 - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
 - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
 - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
 - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.

12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
21. The PHA provides assurance as part of this certification that:
 - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
 - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
 - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

BOCA RATON HOUSING AUTHORITY

FL119

PHA Name

PHA Number/HA Code

____ 5-Year PHA Plan for Fiscal Years 20____ - 20____

X Annual PHA Plan for Fiscal Years 2010 - 2011

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. **Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Title

Douglas L. Klarberg

Chairman, Board of Housing Authority

Signature

Date



January 26, 2011

Certification for a Drug-Free Workplace

U.S. Department of Housing
and Urban Development

Applicant Name

Boca Raton Housing Authority

Program/Activity Receiving Federal Grant Funding

Public Housing Capital Fund Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. Sites for Work Performance. The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Check here ☐ if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Judith E. Aigen

Title

Executive Director

Signature

X

Date

January 25, 2011

form HUD-50070 (3/98)

ref. Handbooks 7417.1, 7475.13, 7485.1 & .3

Certification of Payments to Influence Federal Transactions

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

Applicant Name

Boca Raton Housing Authority

Program/Activity Receiving Federal Grant Funding

Public Housing Capital Fund Program

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Judith E. Aigen

Title

Executive Director

Signature

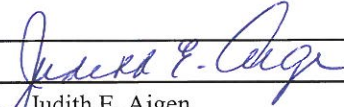
Date (mm/dd/yyyy)

01/25/2011

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

Approved by OMB
0348-0046

1. Type of Federal Action: <input type="checkbox"/> B a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	2. Status of Federal Action: <input type="checkbox"/> aa a. bid/offer/application b. initial award c. post-award	3. Report Type: <input type="checkbox"/> a a. initial filing b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Congressional District, if known: 4c 19, 22		5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known:
6. Federal Department/Agency: U.S. Dept. of Housing and Urban Development	7. Federal Program Name/Description: Public Housing Capital Fund CFDA Number, if applicable: _____	
8. Federal Action Number, if known:	9. Award Amount, if known: \$	
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):	b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):	
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature:  Print Name: Judith E. Aigen Title: Executive Director Telephone No.: 561-206-6200 Date: 01-25-2011	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

RESIDENT ADVISORY BOARD MEETING

December 15, 2010

Comments:

Board discussed the results of the survey sent out by the Housing Authority. Thirty-three residents responded to the survey. In general it seems as if the Community is pretty satisfied with the way things are at Dixie Manor. The survey was sent out in English and Spanish. There were no additional comments at the meeting.

The results are summed up as follows:

Maintenance and Repairs:

To request a repair:

Satisfied: 75%
Very Satisfied: 16%
Dissatisfied: 9%

How well they are done:

Satisfied: 59%
Very Satisfied: 25%
Dissatisfied: 16%

How were you treated?

Satisfied: 66%
Very Satisfied: 31%
Did Not Apply: 3%

Communication:

Do you think management is courteous and professional with you?

Agree: 55%
Strongly Agree: 42%
Disagree:
Strongly Disagree:
Does not Apply: 3%

Do you think Management is responsive to your questions?

Agree: 52%
Strongly Agree: 45%
Disagree: 3%
Strongly Disagree:
Does not Apply:

Property Appearance

How often, if at all, are any of the following a problem:

Broken glass:

Never: 100%

Sometimes:

Always:

Most of the time:

Rodents and insects (indoors)

Never: 61%

Sometimes: 33%

Always:

Most of the time: 6%

Trash/litter

Never: 59%

Sometimes: 31%

Always: 10%

Most of the time:

How satisfied are you with the upkeep of the common area?

Satisfied: 58%

Very Satisfied: 24%

Dissatisfied: 6%

Very Dissatisfied: 6%

Does not Apply: 6%

How satisfied are you with the upkeep of the exterior of the buildings?

Satisfied: 73%

Very Satisfied: 18%

Dissatisfied: 3%

Very Dissatisfied: 3%

Does not Apply: 3%

One person suggested that Management might look into building or creating a laundry facility on the property. Management accepted this as an excellent suggestion. It will be considered.

Management explained we are purchasing and installing blinds for all residents. A member asked if she could keep her own instead. Management said if they were in good condition, there would be no problem. But she might have to sign a waiver that she had refused new blinds.

Other future improvements were discussed by management. No other comments on maintenance were made.

Board and management discussed upcoming Holiday plans and food distribution to the community.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary

PHA Name: Boca Raton Housing
 Authority

Grant Type and Number
 Capital Fund Program Grant No: FL14S11950109
 Replacement Housing Factor Grant No:
 Date of CFFP: 3/18/2009


FFY of Grant: 2009
 FFY of Grant Approval: 2009

Type of Grant		<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2010		<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report		Total Actual Cost ¹	
Line	Summary by Development Account	Original	Total Estimated Cost	Revised ²	Obligated	Expend	
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) ³						
3	1408 Management Improvements						
4	1410 Administration (may not exceed 10% of line 21)						
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs						
8	1440 Site Acquisition						
9	1450 Site Improvement						
10	1460 Dwelling Structures						
11	1465.1 Dwelling Equipment—Nonexpendable	198,058			198,058		197,874
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment						
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities ⁴						

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary					
PHA Name: Boca Raton Housing Authority		Grant Type and Number Capital Fund Program Grant No: FL14S11950109 Replacement Housing Factor Grant No: Date of CFFP: 03/18/2009		FFY of Grant: 2009 FFY of Grant Approval: 2009	
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2010		<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost	Revised ²	Obligated	Total Actual Cost ¹
		Original			Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	198,058		198,058	197,847
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs	198,058		198,058	197,847
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director 		Date 1/12/11	Signature of Public Housing Director		
			Date		

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

PHA Name: Boca Raton Housing Authority

Grant Type and Number
Capital Fund Program Grant No: FLJAS11950109
CFPP (Yes/ No): NO/ ARRA
Replacement Housing Factor Grant No:

Federal FFY of Grant: 2009

[illegible]

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

[illegible]

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²To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

PHA Name: Boca Raton Housing Authority

Reasons for Revised Target Dates

[illegible]

Pages

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary				FFY of Grant: 2009 FFY of Grant Approval: 2009	
PHA Name: Boca Raton Housing Authority		Grant Type and Number Capital Fund Program Grant No: FL14P11950109 Replacement Housing Factor Grant No: Date of CFFP:			
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2010		<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Original	Total Estimated Cost	Obligated	Total Actual Cost¹
			Revised²		Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	\$155,966		155,966	155,966
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—None expendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

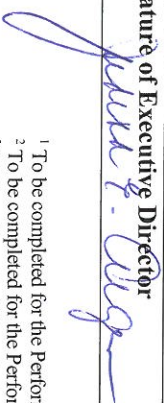
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFF Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary				FFY of Grant: 2009	
PHA Name: Boca Raton Housing Authority		Grant Type and Number Capital Fund Program Grant No: FL14P11950109 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant Approval: 2009	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2010 <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report					
Type of Grant	Summary by Development Account	Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	\$155,966		155,966	155,966
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director 		Date 01/12/2011		Signature of Public Housing Director 	
				Date	

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

PHA Name: Boca Raton Housing Authority

Capital Fund Program Grant No: FL14P11950109

Federal FY of Grant: 2009

[illegible]

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

PHA Name: Boca Raton Housing Authority

Federal FY of Grant: 2009

[illegible]

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

PHA Name:

Federal FFY of Grant:

[illegible]

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary

PHA Name: Boca Raton Housing Authority		Grant Type and Number Capital Fund Program Grant No: FL14P11950108 Replacement Housing Factor		FFY of Grant: 2008	
		Grant No: Date of CFFP: _____		FFY of Grant Approval: 2008	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/10 <input type="checkbox"/> Revised Annual Statement (revision no: 1) <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost	Revised²	Obligated	Total Actual Cost¹
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	\$30,000.00	\$30,000.00	30,000.00	30,000.00
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$0.00	\$10,000.00	10,000.00	1,740.00
8	1440 Site Acquisition				
9	1450 Site Improvement	\$0.00	\$15,000.00	15,000.00	8,016.05
10	1460 Dwelling Structures	\$126,469.00	\$101,469.00	101,469.00	53,360.94
11	1465.1 Dwelling Equipment – Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				
18a	1501 Collateralization or Debt Service paid by the PHA				
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of line 2- 19)	\$156,469.00	\$156,469.00	156,469.00	93,117.07
21	Amount of Line 20 Related to LBP Activities				
22	Amount of Line 20 Related to Section 504 Activities				
23	Amount of Line 20 Related to Security - Soft Costs				
24	Amount of Line 20 Related to Security - Hard Costs				
25	Amount of Line 20 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary

PHA Name: Boca Raton Housing Authority		Grant Type and Number Capital Fund Program Grant No: FL14P11950108 Replacement Housing Factor		FFY of Grant: 2008	
		Grant No: Date of CFFP: _____		FFY of Grant Approval: 2008	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/10 <input type="checkbox"/> Revised Annual Statement (revision no: 1) <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost	Original	Revised²	Total Actual Cost¹
	Signature of Executive Director	Date	Signature of Public Housing Director		
	<i>Mark E. Logan</i>	<i>1-12-2011</i>			

¹ To be completed for the Performance and Evaluation Report
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: Boca Raton Housing Authority			Grant Type and Number Capital Fund Program Grant No.: FL14P11450108 CFFP (Yes/No): N Replacement Housing Factor Grant No.:				Federal FY of Grant: 2008	
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
	Operations							
PHA-Wide	Operations	1406	LS	\$30,000.00	\$30,000.00	30,000.00	30,000.00	Complete
	Subtotal 140			\$30,000.00	\$30,000.00			
	Fees and Costs							
PHA-Wide	Architectural and Engineering Fees related to unit modernization	1430	LS	\$0.00	\$10,000.00	10,000.00	1,740.00	In progress
	Subtotal 1430			\$0.00	\$10,000.00	2,500.00	1,740.00	
	Site Improvements							
PHA-Wide	Construct / repair fence around the dumpsters.	1450	2	\$0.00	\$7,500.00	8,016.05	8,016.05	Complete
PHA-Wide	Various sidewalk repairs throughout the property	1450	LS	\$0.00	\$7,500.00	6,983.95	0	Not started
	Subtotal 1450			\$0.00	\$15,000.00	15,000.00	8,016.05	

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement

² To be completed for the Performance and Evaluation Report

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

PHA Name: Boca Raton Housing Authority

Federal FY of Grant: 2008

[illegible]

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement
² To be completed for the Performance and Evaluation Report

OMB No. 2577-0226
Expires 4/30/2011

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program


U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary				FFY of Grant: 2007	
PHA Name: Boca Raton Housing Authority		Grant Type and Number Capital Fund Program Grant No: FL14P11950107 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2007 FFY of Grant Approval: 2007	
<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2010		<input type="checkbox"/> Revised Annual Statement (revision no:1) <input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Original	Total Estimated Cost	Obligated	Total Actual Cost¹
			Revised²		Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	\$30,000	\$29,000	\$29,000	\$29,000
3	1408 Management Improvements	15,000	14,000	14,000	14,214.03
4	1410 Administration (may not exceed 10% of line 21)	15,000	14,571	14,571	15,079
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	20,000	10,000	10,000	10,000
10	1460 Dwelling Structures	55,000	60,000	56,752	54,769.38
11	1465.1 Dwelling Equipment—Nonexpendable	15,000	20,677	20,677	20,677
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary					
PHA Name: Boca Raton HA		Grant Type and Number Capital Fund Program Grant No: FL14P11950107 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2007 FFY of Grant Approval: 2007	
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2010					
<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: 1) <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost	Revised ²	Obligated	Total Actual Cost ¹
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	\$150,000	\$148,248	\$145,000	\$143,740.01
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director 		Date 1/12/11		Signature of Public Housing Director 	
				Date	

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

**Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages**

PHA Name: Boca Raton Housing Authority

Grant Type and Number
Capital Fund Program #: FL14P11950107
Capital Fund Program
Replacement Housing Factor #:

Federal FY of Grant: 2007

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
	Operations							
PHA-Wide	Operations	1406		30,000	\$29,000.00	29,00.000	29,000.00	Completed
	Subtotal 1406			30,000	\$29,000.00	29,000.00	29,000.00	Completed
	Management Improvements							
PHA-Wide	Children's Program, FSS Program, Law Enforcement, Resident Training, Staff Training, Hardware/Software Accounting/audit Fees, Computer Consulting Fees	1408		\$15,000.00	\$14,000.00	14,000.00	14,214.03	In progress
	Subtotal 1408			\$15,000.00	\$14,000.00	14,000.00	14,214.03	In progress
	Administration							
PHA-Wide	Proration of salaries	1410		\$15,000	\$14,571.00	14,571.00	15,079.60	Completed
	Subtotal 1410			\$15,000	\$14,571.00	14,571.00	15,079.60	Completed
	Site Improvements							
PHA-Wide	Upgrade exterior landscaping. Sidewalk repair.	1450		20,000	\$10,000.00	10,000.00	10,000.00	Completed
	Subtotal 1450			20,000	\$10,000.00	10,000.00	10,000.00	Completed

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name: Boca Raton Housing Authority		Grant Type and Number Capital Fund Program #: FL14P11950107 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2007			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
	Dwelling Structures							
PHA-Wide	Replace / repair bathroom floors, tubs, sinks and counters. Replace apartment floors.	1460	17		\$60,000	56,752.00	54,769.38	In progress
	Subtotal 1460			55,000	60,000.00	56,752.00	54,769.38	In progress
	Dwelling Equipment – 1465.1							
PHA-Wide	Ranges, a/c's, water heaters, fridges	1465.1	49		20,677.00	20,677.00	20,677.00	Completed
	Subtotal 1465.1			15,000	20,677.00	20,677.00	20,677.00	Completed
	Capital Fund Grant Program Total			150,000	\$148,248	145,000.00	143,740.01	

**Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule**

[illegible]

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

Part I: Summary

PHA Name/Number		Locality (City/County & State)			<input type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name FL119 Boca Raton Housing Authority	Work Statement for Year 1 FFY 2011	Work Statement for Year 2 FFY 2011-2012	Work Statement for Year 3 FFY 2012-2013	<input type="checkbox"/> Work Statement for Year 4 FFY 2013-2014	<input type="checkbox"/> Work Statement for Year 5 FFY 2014-2015
B.	Physical Improvements Subtotal	Annual Statement				
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration					
F.	Other					
G.	Operations		\$155,000	\$155,000	\$155,000	\$155,000
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total					

U.S. Department of Housing and Urban Development
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PHA Name/Number: FL119 Boca Raton Housing Authority	Locality (City/county & State)Boca Raton, Palm Beach County, Florida	<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:
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[illegible]

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY _____	Work Statement for Year _____ FFY		Work Statement for Year: _____ FFY			
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	N/A	N/A	N/A	N/A	N/A	N/A
	Subtotal of Estimated Cost		\$	Subtotal of Estimated Cost		\$

U.S. Department of Housing and Urban Development
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[illegible]

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

[illegible]

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary				FFY of Grant: 2009 FFY of Grant Approval: 2009	
PHA Name: Boca Raton Housing Authority		Grant Type and Number: Capital Fund Program Grant No: FL14P119501009 Replacement Housing Factor Grant No: Date of CFFP:			
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 0 <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 0 <input checked="" type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Original	Total Estimated Cost	Obligated	Total Actual Cost ¹
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)	\$155,966		\$155,966	\$155,966
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director 		Date		Signature of Public Housing Director 	
				Date	

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFFP Grants for operations.

⁴ RHF funds shall be included here.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Federal FY of Grant: 2009

[illegible]

² To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

PHA Name:

Grant Type and Number
Capital Fund Program Grant No.

Federal FFY of Grant:

Capital Fund Program Grant No:
CFPP (Yes/ No):
Replacement Housing Factor Grant No:

[illegible]

² To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

PHA Name: Boca Raton Housing Authority

Federal FY of Grant: 2010

[illegible]

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

PHA Name:

Federal FFY of Grant:

[illegible]

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Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary

PHA Name: Boca Raton Housing Authority

Grant Type and Number

Capital Fund Program Grant No: FL14P11950111
Date of CFFP: _____; Grant No:

FFY of Grant:
2011

FFY of Grant Approval:
2011

Type of Grant

☒ Original Annual Statement
☐ Performance and Evaluation Report for Period Ending:

☐ Reserve for Disasters/Emergencies
☐ Revised Annual Statement
☐ Final Performance and Evaluation Report

Line	Summary by Development Account	Original	Revised	Obligated	Total Actual Cost ¹	Expended
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) ³					
3	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 21)					
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures					
11	1465.1 Dwelling Equipment – Nonexpendable	\$125,000				
12	1470 Nondwelling Structures					
13	1475 Nondwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities ⁴					
18a	1501 Collateralization or Debt Service paid by the PHA					
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant: (sum of line 2- 19)	\$150,000				
21	Amount of Line 20 Related to LBP Activities					
22	Amount of Line 20 Related to Section 504 Activities					
23	Amount of Line 20 Related to Security - Soft Costs					
24	Amount of Line 20 Related to Security - Hard Costs					
25	Amount of Line 20 Related to Energy Conservation Measures					

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary

PHA Name: Boca Raton Housing Authority		Grant Type and Number Capital Fund Program Grant No: FL14P11950111 Grant No: Date of CFFP: _____		FFY of Grant: 2011 FFY of Grant Approval: 2011			
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement () <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report							
Line	Summary by Development Account	Total Estimated Cost	Original	Revised	Obligated	Total Actual Cost¹	Expended
	Signature of Executive Director	Date 4/6/2011	Signature of Public Housing Director		Date		

¹ To be completed for the Performance and Evaluation Report
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
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Expires 4/30/2011

PHA Name: Boca Raton Housing Authority

Capital Fund Program Grant No: FL14P11450108 CFFP (Yes/No): N
Replacement Housing Factor Grant No:

Federal FY of Grant: 2008

[illegible]

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement
² To be completed for the Performance and Evaluation Report

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Federal FY of Grant: 2011

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.